TRAVEL EXPENSE CLAIM STD. 262 (REV. 10/92)				See Instructions and *Privacy Statement On Reverse Side						Page 1 of 1 Pages					
Glei	ant's nai 1 Thon	nas					SSAN OR EMPLOYEE NUMBER*					DEPARTMENT Governor's Office			
POSIT	on retary	ORIG	NAI	CB/ID NUMB	ER	i i	Office of the Secretory of Education						INDEX NUMBER		
	ENCE ADD	DRESS.		~			Office of the Secretary of Educati HEADQUARTERS ADDRESS						TELEPHONE NUMBER		
	L Str	eet #600				1121 L	1121 L Street, #600						916-323-0611		
CITY STATE Sacramento . CA				ZIP CODE 95814		-				STATE				ZIP CODE	
	1) MONTH/YEAR (3)		CA			Sacrai	Sacramento		TRANSPORTAT		CA			95814	
Augu			(4)	(5)	MEALS		(6)	(7) (A)	(B)	(C)	(D)		(8)	(9)	
(2)	1	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	222	ļ	O.T., L/T, N/C, RELO.	INCIDEN-		TYPE	CARFARE,	PRIVA	TE CAR USE	BUSINESS EXPENSE	TOTAL	
DATE		TALLE MOSTALES		BREAK- FAST	LUNCH	OR DINNER	TALS	COST OF TRANS.	USED	TOLLS, PARKING	MILES	AMÓUNT		FOR DAY	
05	0120	Sacto/Mt. Shasta				18.00						74		18.00	
)6 ———	•	Mt. Shasta				18.00		63.67						81.67	
27	-	Mt. Shasta			10.00	18.00								28.00	
)8	1400	Mt. Shasta/Sacto		6.00				36.67						42.67	
10	1500 -	Sacto/Orange	92.45											92.45	
11	1730	Orange/Sacramento		6.00	10.00					11.00				27.00	
	-														
0)	0110	TOTAL 0													
111111111		TOTALS	92.45	12.00	20.00	54.00	-21-21-21-21-21-21-21	100.34	101010101	11.00	**********			289.79	
1) PUF	CLAI	IM TOTAL TRIP, REMARKS AND DETAILS (Attach re ESA Northeastern Region Sup	ceipts/vouchers v	vhen required)	obin Cum	unacium A	At Chast				(12) No	\$ DRMAL WORK		289.79	
c <u>ar ı</u>	used wi	th gas paid for only. No miles eakfast, lunch & dinner for 7th	ige charged									RIVATE VEHIO	CLE LICENSE	NUMBER	
8/10	-11/09	Digital Textbook Symposium,	Orange Co	unty, CA.	Lost rece	eipt for 11	th - brea	kfast & lu	nch.			USE	DUNTNES (ONLY FUND CHECK		
t t	Jalifornia, I o or greate rehicle safe	ERTIFY That the above is a true statement of a privately owned vehicle was used, and if it in than the fate claimed, and that I have met to	nileage rates exc	eed the minime as prescribed I	um rate. I cert	ify that the cost	of operatting	the vehicle w	95 9011	of al		. •			
AIMANT'S SIGN				DATE		(16.) SIGN	(16.) SiGi					MENT DATE 8/19/69			

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